DI	g G	4	(Rev.	2(04)
m	no.		IKEV.	27/17/6/1

RECORDS RETENTION/DISPOSITION AUTHORIZATION

STATE OF WISCONSIN

RECORDS RETENT	IOM/DISPOSITION /	AUTHORIZATION	OWNER OF MICOONOM				
INSTRUCTIONS PLEASE TYPE		1. RETENTION/DISPOSIT	TION AUTHORIZATION No. (RDA)				
See detailed instructions on next page	slated approved by the	Sequential No.	Suffix No.				
In accordance with s.16.61, Wis. Statutes, this form must be comp. Agency and Public Records Board (PRB) within on year of creatio		00126	F				
prior to disposition of any public record.							
 Shaded areas to be completed by Agency Records Officer. If you regarding completion of the RDA, contact the Agency Records Officer. 		1. Agency No.	2. Division No.				
 Agency Records Officer: Review & approve RDA, Assign RDA #. PRB. Maintain an agency copy during the Board's review process 		435	302				
3. AGENCY NAME			4. Type of Request				
Department of Health and Family Services			New Amended				
Division Name Division of Children and Family Services	Subdivision Name Administrator's Office		5. Old RDA System # (8 digits)				
6. RECORD SERIES TITLE Internal Operations Memos							
8. Record Series Life Cycle Dates	9. Type of Medium	Machine Audio	Other				
Year Created Year Discontinued Year of Final Disposition	Paper Microform	Readable Recording	(Specify):				
10. RETAIN: (specify actual period) 11. After: (SPECIFY EVENT. If event is not specified, retention is based on creation.)							
Yrs Mo Wks Permanent Closed/terminated/	death Superseded	☐ Microfilmed	Entered into Data System				
12. And: (DISPOSITION) Destroy Transfer To Destroy Confidential Historical S		Transfer to Other (Specify):					
13. RECORDS SERIES DESCRIPTION (Keep signatures on first page	ge.) If more space needed, go	to the last page.					
Purpose: The Internal Operations Memos (IOM) provide staff with procedures for doing the business of the Division, such as obtaining a cell phone, driving a fleet vehicle, etc. This retention supersedes RDA 435-126F.							
ntents: Consists of the original of the IOM and the Approval Mail Request that starts the printing process.							
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Sunsets: August, 2014							
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and the second s							
14. Filing arrangement (Check all appropriate categories)			15. Estimated Annual Accum.				
	Geographic Subject	Disarranged	.5 Cubic Feet				
 Records contain personally identifiable information (if Yes, Contact No Yes – specify: 	of Name and Telephone No.)	,	Confidential (If Yes, Statute/Code) Yes-specify:				
18. APPROVAL SIGNATURES		EN INO	es-specify.				
Are on file with Department Records Officer and Public Records Board							
Agency Program Manager Date S	gned	Agency	Date Signed				
			•				
Agency Date Si	gned	Agency Records Officer	Date Signed				
PUBLIC RECORD & FORMS BOARD APPROVAL – Contingent on restrictions on record destruction contained in s. 19.35(5), Wis. Stats., (Open Records Law),							
that no records be destroyed if litigation or audit involving these records has commenced.							
State Archivist Date Si	gned E	xecutive Secretary - PEFB	Date Signed				